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SERIAL NUMBER 10/500,822	FILING OR 371(c) DATE 03/14/2005 RULE	CLASS 514	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. 817.1009US
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US03/00337 01/07/2003 which claims benefit of 60/346,746 01/07/2002 and claims benefit of 60/347,312 01/09/2002 and claims benefit of 60/368,617 03/29/2002 and claims benefit of 60/374,979 04/23/2002 and claims benefit of 60/389,364 06/17/2002 and is a CIP of 10/237,138 09/06/2002 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

### IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

07/12/2006

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/>	Met after Allowance			
Verified and Acknowledged	<i>L M Brady</i> Examiner's Signature	<i>CRB</i> Initials	25	73	11

## ADDRESS

49443

## TITLE

Oral insulin therapy

FILING FEE RECEIVED 2502	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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